

975 U.S. PTO
12/12/00

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	
	First Named Inventor	Asina, et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	ROGO-214.2-Cont

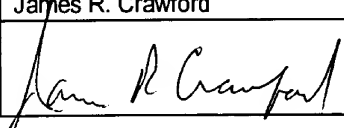
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	53- 20 =		x 9.00	\$ 594.00
INDEPENDENT CLAIMS	5 - 3 =	2	x 82.00	\$ 160.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	-----
			TOTAL FEES	\$1464.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$0.00
- ☒ A check for \$1464.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	James R. Crawford	Reg. No. 39,155
Signature		Deposit Account No. 50-0624
	Date: December 12, 2000	

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